

FILED

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA

JAN 13 2021

CARMELITA REEDER SHINN, CLERK
U.S. DIST. COURT, WESTERN DIST. OKLA.
BY kg DEPUTY

Robert Steven Connolly II

(Enter the full name of the plaintiff.)

CIV 21 0026SLP

v.

Case No. _____
(Court Clerk will insert case number)

(1) Turn-Key Health,

(2) Stephens County Jail,

(3) _____.

(Enter the full name of each defendant. Attach additional sheets as necessary.)

PRO SE PRISONER CIVIL RIGHTS COMPLAINT

Initial Instructions

1. You must type or legibly handwrite the Complaint, and you must answer all questions concisely and in the proper space. Where more space is needed to answer any question, you may attach a separate sheet.
2. You must provide a full name for each defendant and describe where that defendant resides or can be located.
3. You must send the original complaint and one copy to the Clerk of the District Court.
4. You must pay an initial fee of \$400 (including a \$350 filing fee and a \$50 administrative fee). The complaint will not be considered filed until the Clerk receives the \$400 fee or you are granted permission to proceed *in forma pauperis*.
5. If you cannot prepay the \$400 fee, you may request permission to proceed *in forma pauperis* in accordance with the procedures set forth in the Court's form application to proceed *in forma pauperis*. See 28 U.S.C. § 1915; Local Civil Rule 3.3.

- If the court grants your request, the \$50 administrative fee will not be assessed and your total filing fee will be \$350.
- You will be required to make an initial partial payment, which the court will calculate, and then prison officials will deduct the remaining balance from your prison accounts over time.
- These deductions will be made until the entire \$350 filing fee is paid, **regardless of how the court decides your case.**

7. The Court will review your complaint before deciding whether to authorize service of process on the defendants. *See* 28 U.S.C. §§ 1915(e)(2), 1915A; 42 U.S.C. § 1997e(c)(1). If the Court grants such permission, the Clerk will send you the necessary instructions and forms.

8. If you have been granted permission to proceed *in forma pauperis*, the United States Marshals Service will be authorized to serve the defendants based on information you provide. If you have not been granted permission to proceed *in forma pauperis*, you will be responsible for service of a separate summons and copy of the complaint on each defendant in accordance with Rule 4 of the Federal Rules of Civil Procedure.

COMPLAINT

I. Jurisdiction is asserted pursuant to:

X 42 U.S.C. § 1983 and 28 U.S.C. § 1343(a)(3) (NOTE: these provisions generally apply to state prisoners), or

 Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics, 403 U.S. 388 (1971), and 28 U.S.C. § 1331 (NOTE: these provisions generally apply to federal prisoners)

If you want to assert jurisdiction under different or additional statutes, list these below:

II. State whether you are a:

☐ Convicted and sentenced state prisoner

☐ Convicted and sentenced federal prisoner

☒ Pretrial detainee

☐ Immigration detainee

☐ Civilly committed detainee

☐ Other (please explain) _____

III. Previous Federal Civil Actions or Appeals

List each civil action or appeal you have brought in a federal court while you were incarcerated or detained in any facility.

1. Prior Civil Action/Appeal No. 1

a. Parties to previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

NA

b. Court and docket number: _____

c. Approximate date of filing: _____

d. Issues raised: _____

NA

e. Disposition (for example: Did you win? Was the case dismissed? Was summary judgment entered against you? Is the case still pending? Did you appeal?): _____

NA

f. Approximate date of disposition: _____

If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on a separate sheet(s).

IV. Parties to Current Lawsuit

State information about yourself and each person or company listed as a defendant in the caption (the heading) of this complaint.

1. Plaintiff

Name and any aliases: Robert Steven Connolly II
Address: 101 S. 11th Street, Duncan, OK 73533
Inmate No.: NA

2. Defendant No. 1

Name and official position: Provider Malichi (NP)
-LNU

Place of employment and/or residence: Turn Key Health
101 S. 11th Street, Duncan, OK 73533

How is this person sued? ☒ official capacity, () individual capacity, () both

3. Defendant No. 2

Name and official position: Undersheriff Bobby Bowen
Stephens County Jail [101 S. 11th Street, Duncan, OK 73533]

Place of employment and/or residence: ↓

How is this person sued? ☒ official capacity, () individual capacity, () both

If there are more than two defendants, describe the additional defendants using this same format on a separate sheet(s).

V. Cause of Action

Instructions

1. *Provide a short and plain statement of each claim.*
 - Describe the facts that are the basis for your claim.
 - You can generally only sue defendants who were directly involved in harming you. Describe how each defendant violated your rights, giving dates and places.
 - Explain how you were hurt and the extent of your injuries.
2. *You are not required to cite case law.*
 - Describe the constitutional or statutory rights you believe the defendant(s) violated.
 - At this stage in the proceedings, you do not need to cite or discuss any case law.
3. *You are not required to attach exhibits.*
 - If you do attach exhibits, you should refer to the exhibits in the statement of your claim and explain why you included them.
4. *Be aware of the requirement that you exhaust prison grievance procedures **before** filing your lawsuit.*
 - If the evidence shows that you did not fully comply with an available prison grievance process prior to filing this lawsuit, the court may dismiss the unexhausted claim(s) or grant judgment against you. *See* 42 U.S.C. § 1997e(a).
 - Every claim you raise must be exhausted in the appropriate manner.
5. *Be aware of any statute of limitations.*
 - If you are suing about events that happened in the past, your case may be subject to dismissal under the statute of limitations. For example, for many civil rights claims, an action must be brought within two years from the date when the plaintiff knew or had reason to know of the injury that is the basis for the claim.

6. *Do not include claims relating to your criminal conviction or to prison disciplinary proceedings that resulted in loss of good time credits.*
- If a ruling in your favor "would necessarily imply the invalidity" of a criminal conviction or prison disciplinary punishment affecting the time served, then you cannot make these claims in a civil rights complaint unless you have already had the conviction or prison disciplinary proceeding invalidated, for example through a habeas proceeding.

Claims

List the federal right(s) that you believe have been violated, and describe what happened. Each alleged violation of a federal right should be listed separately as its own claim.

1. **Claim 1:**

- (1) List the right that you believe was violated:

Nurse Practitioner Malichi "Saw" me multiple times
for a chronic bilateral ear ailment. These visits were over
video visit hence he relied on the nurse to inspect the ear
canal and relay the finding. This is malpractice. His diagnosis never fixed it.

- (2) List the defendant(s) to this claim: (If you have sued more than one defendant, specify each person or entity that is a defendant for this particular claim.)

NP Malichi

(3) List the supporting facts:

- Submitted 8 sick-call slips for bilateral ear pain, fluid, swelling.
- Maluchi prescribed the same treatment over and over again. Ineffective.
- He never saw me in person. Turn-Key chose video-tele-med.
- My grievance to Nurse Hailey was not responded to. (Attached)

(4) Relief requested: (State briefly exactly what you want the court to do for you.)

- Turn-Key to fund/provide definitive care/treatment with diagnosis or pay for trip to ear specialist including transport fees.
- Monetary relief for charged fees, pain, suffering and mental anguish.
- Monetary relief for any lasting disability as a result of their actions. \$100,000.00

2. Claim II:

(1) List the right that you believe was violated:

NA SEE Packet

(2) List the defendant(s) to this claim: (If you have sued more than one defendant, specify each person or entity that is a defendant for this particular claim.)

NA SEE Packet

Section IV: Additional Defendants

Defendant 3: Casey-LNU Nurse Turn-Key - Official Capacity
101 S. 11th Street
Duncan, OK 73533

Section V: Claim

Claim 2: On 05 Dec 2020 I partially inhaled a chunk of meatloaf and at Duncan Regional Hospital was sedated and camera, tube and rod were inserted into my throat. The DRH Doctor prescribed a soft-food diet. Turn-Key Health did not reevaluate this order. I was recently diagnosed with tonsillitis yet daily the Detention Officers (DO) try to get my special diet stopped. On 06 JAN 2021 per DO Barry "another DO Terri Turley complained about the special diet" and allegedly Nurse Casey-LNU stopped my soft-food diet. My throat was injured at the hospital on 05 DEC 2020 and has not fully healed yet. Turn-Key Health should have had a provider physically evaluate it before ceasing my soft-food diet. A Nurse cannot countermand an M.D. They have deprived me of the right to competent medical care for a valid medical issue.

Defendants: Nurse Casey-LNU, Stephens County Jail

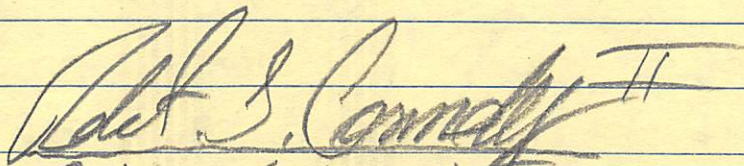
Section II: Claim

Claim 3: I have been confined in Stephens County Jail for 2 years. I have been deprived of sunlight, fresh air and recreation time. This is long-term sensory-deprivation and a violation of basic human rights.

Defendants: Stephens County Jail, Bobby Bowen

Relief Requested

- 1) Monetary relief from Turn-Key for cessation of soft-food diet which caused pain, suffering and mental anguish. \$ 50,000.00
- 2) Stephens County Jail will provide recreation time, sunlight and fresh air in accordance with State and Federal Law to all inmates/detainees hence forth.
- 3) Monetary Relief from Stephens County Jail for sensory deprivation: \$500,000.00


Robert S Connolly II

(3) List the supporting facts:

NA

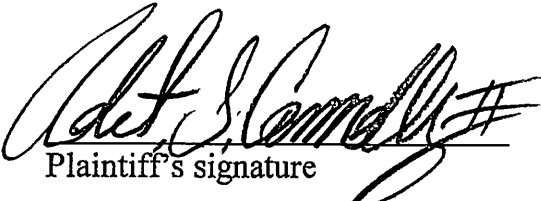
(4) Relief requested: (State briefly exactly what you want the court to do for you.)

NA

If there are more than two claims that you wish to assert, describe the additional claims using this same format on a separate sheet(s).

VI. Declarations

I declare under penalty of perjury that the foregoing is true and correct.


Plaintiff's signature

1-8-2021
Date

I further declare under penalty of perjury that I placed this complaint in the prison's legal mail system, with the correct postage attached, on the 8th day of January, 2021.


Plaintiff's signature

1-8-2021
Date